

<i>SERFF Tracking Number:</i>	<i>NWLC-127783060</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nationwide Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50182</i>
<i>Company Tracking Number:</i>	<i>BLANKET AMENDMENT - LIFE & DENTAL</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Blanket Amendment- Life & Dental</i>		
<i>Project Name/Number:</i>	<i>Blanket Amendment/NSHGEN 2400</i>		

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Blanket Amendment- Life & Dental SERFF Tr Num: NWLC-127783060 State: Arkansas

TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- Closed State Tr Num: 50182

Sub-TOI: H10G.000 Health - Dental Co Tr Num: BLANKET AMENDMENT - LIFE & DENTAL State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor
 Authors: Bobby Handley, Jonna Stough, LaToyia Brooks, Andrea Roberts Disposition Date: 11/04/2011

Date Submitted: 11/03/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Blanket Amendment
 Project Number: NSHGEN 2400
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Employer
 Filing Status Changed: 11/04/2011
 State Status Changed: 11/04/2011
 Created By: Jonna Stough
 Corresponding Filing Tracking Number:
 Filing Description:

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Overall Rate Impact:
 Deemer Date:
 Submitted By: Andrea Roberts

Nationwide Life Insurance Company ("Nationwide") is filing the above referenced Additional Benefits Rider for general use and approval by the Department of Insurance (the "Department"). Upon state approval, Nationwide will use this amendment that will be issued when there are changes to the Policy or Certificate as specified in the variable portion of the amendment. Nationwide intends to utilize the amendment in conjunction with the Life filing approved by your Department on 4-21-2009 under SERFF Tracking Number, NWLC-126115288.

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TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
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In addition, Nationwide intends to utilize the amendment in conjunction with the Dental filing approved by your Department on 3/19/2009 under SERFF Tracking Number, NWLC-125991575.

Company and Contact

Filing Contact Information

Andrea Roberts, Sr. Compliance Analyst	roberta8@nationwide.com
1 Nationwide Plaza	614-677-8010 [Phone]
1-32-101	
Columbus, OH 43215	

Filing Company Information

Nationwide Life Insurance Company	CoCode: 66869	State of Domicile: Ohio
5525 Parkcenter Circle	Group Code: 140	Company Type:
Dublin, OH 43017	Group Name:	State ID Number:
(614) 854-3375 ext. [Phone]	FEIN Number: 31-4156830	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	\$50.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	11/03/2011	53431275

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/04/2011	11/04/2011

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Disposition

Disposition Date: 11/04/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	SOV	Approved-Closed	Yes
Form	Blanket Amendment	Approved-Closed	Yes

SERFF Tracking Number: NWLC-127783060 State: Arkansas

Filing Company: Nationwide Life Insurance Company State Tracking Number: 50182

Company Tracking Number: BLANKET AMENDMENT - LIFE & DENTAL

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Blanket Amendment- Life & Dental

Project Name/Number: Blanket Amendment/NSHGEN 2400

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/04/2011	NSHGEN 2400	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Blanket Amendment	Initial		52.100	NSHGEN 2400.pdf

Nationwide Life Insurance Company
Columbus, Ohio

AMENDMENT NUMBER [1]

[Group Policy No:] [XXXXX]
[Policyholder:] [XXXXXXXXXXXXXXXX]
[Effective Date:] [XXXXXXXXXX]

This Amendment forms a part of the Policy and the Certificate of Coverage to which it is attached. [These changes only apply to Covered Benefits incurred on or after the effective date of this Amendment.] All other terms, provisions, limitations and exclusions remain unchanged except as specifically noted within this Amendment.

[Add [XYZ Company as a subsidiary of ABC Company]	Delete] [None.]
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FILING NOTE: ONLY FILED AND APPROVED TEXT FROM THE CORRESPONDING POLICY FORMS WILL BE USED ON THIS AMENDMENT FORM.

The Eligibility Waiting Period in the Schedule of Benefits is amended as follows:

[Eligibility Waiting Period: [[1-365] [day,days] [or as defined by the policyholder] from the first day of Actively at Work]] [during an open enrollment period agreed to by the policyholder and Us]]

The General Definitions section in the Certificate is amended as follows:

The Actively at Work definition is amended as follows:

[Actively at Work: You are performing the normal duties of Your regular occupation and working Your normal hours. [You must be working at least [1-40] [or as defined by the policyholder] hours per week for the Policyholder on a [permanent] [Full-Time][Part-Time] basis and must be paid regular earnings.] Your work site must be:

1. at the Policyholder's usual place of business; or
2. at a location to which the Policyholder's business requires You to travel.

You are not considered Actively at Work when You are off work or lose time due to Illness, injury, leave of absence, strike or lay-off. [Paid days off will count as Actively at Work if You were fully capable of performing the normal duties of Your regular occupation during the paid days off, provided that You were Actively at Work on the last working day prior to the paid days off.]]

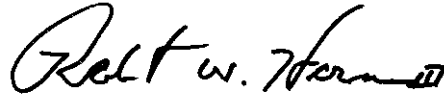
Payment of premium on or after the effective date of the Amendment shall constitute acceptance by the Policyholder of the Policy and Certificate of Coverage modifications contained herein.

No other Policy provision or condition is changed in any way by this Amendment, except as described above.

[Signed for the Company at Columbus, Ohio



President



Secretary]

[Dated at _____, this _____ day of _____.]

[Accepted by:

_____]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	11/04/2011
Comments:		
Attachment: Read Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	11/04/2011
Comments: The Life and Dental applications were both approved in the original filings referenced in the General Information tab.		

	Item Status:	Status Date:
Satisfied - Item: SOV	Approved-Closed	11/04/2011
Comments:		
Attachment: STATEMENT OF VARIABILITY.pdf		

CERTIFICATION OF COMPLIANCE WITH
INSURANCE POLICY SIMPLIFICATION REQUIREMENTS

Name and Address of Insurer:

Nationwide Life Insurance Company
One Nationwide Plaza
Columbus, Ohio 43215
Mail Code: 1-32-101

Policy/Certificate Form Number(s):
NSHGEN 2400 Blanket Amendment

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with the Flesch reading ease score and the other requirements set forth in the Insurance Policy Language Simplification Act of the State of Arkansas.

A handwritten signature in black ink, appearing to read "Tom DeNoma", with a large, stylized initial "D" or "N" at the beginning.

Tom DeNoma
Associate Vice President

Date: November 3, 2011

STATEMENT OF VARIABILITY
NSHGEN 2400 BLANKET AMENDMENT
POLICY/CERTIFICATE OF COVERAGE

- ☐ The group policy number, policyholder name, and effective date are bracketed. This will change for each group that is covered under this plan.
- ☐ Throughout the form, language is bracketed. This language will be in or out. No other changes will be made to bracketed language.
- ☐ This amendment will be issued when there are changes to the Policy or Schedule of benefits as specified in the variable portion of the rider. A revised Schedule of Benefits may be attached, or the modified information may be included directly in this rider.